

CERTIFICATE OF SERVICE

I, Gini L. Downing (name), certify that service of this summons and a copy of the complaint was made February 4, 2022 (date) by:

☒ Mail service: Regular, first class United States mail, postage fully pre-paid, addressed to:

Amneal Pharmaceuticals LLC
400 Crossing Boulevard, 3rd Floor
Bridgewater, NJ 08807

Ammneal Pharmaceuticals LLC
104 Hippocrates Way
Glasgow, KY 42141

Amneal Pharmaceuticals
Attn: April LeGros, Counsel
400 Crossing Blvd., 5th Floor
Bridgewater, NJ 08807

Amneal Pharmaceuticals LLC
Attn: Stephen J. Manzano, SVP,
General Counsel & Corporate Secretary
115 Carroll Knically Drive
Glasgow, KY 42141

Alexander Nicas, Esq.
Kirkland & Ellis LLP
601 Lexington Ave.
New York, NY 10022

Amneal Pharmaceuticals LLC
Attn: Stephen J. Manzano, SVP,
General Counsel & Corporate Secretary
115 Carroll Knically Drive
Glasgow, KY 42141

☒ Certified Mail Service: By sending the process by certified mail addressed to the following entities/officers/registered agents of the defendant at:

Amneal Pharmaceuticals LLC
Attn: Edward Coss, Organizer
400 Crossing Blvd., 3rd Floor
Bridgewater, NJ 08807-2863
The Corporation Trust Company,
R/A for Amneal Pharmaceuticals LLC
Corporation Trust Center
1209 Orange St
Wilmington DE 19801

I further certify that I am, and at all times during the service of process was, not less than 18 years of age and not a party to the matter concerning which service of process was made.

Under penalty of perjury, I declare that the foregoing is true and correct.

Date February 4, 2022 Signature /s/ Gini L. Downing

Print Name: Gini L. Downing
Pachulski Stang Ziehl & Jones LLP
10100 Santa Monica Blvd.
13th Floor
Business Address: Los Angeles, CA 90067

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature X</p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>The Corporation Trust Company, R/A for Amneal Pharmaceuticals LLC Corporation Trust Center 1209 Orange St Wilmington DE 19801</p>		<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7017 2400 0000 3936 9771</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>FEB 08 2022</p> <p>CT CORPORATION</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery over \$500</p>		<p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>	